

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE DEVEREUX FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2012 RENAISSANCE BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code

KING OF PRUSSIA, PA 19406

F Name and address of principal officer:

CARL E CLARK, II

444 DEVEREUX DRIVE VILLANOVA, PA 19085

D Employer identification number

23-1390618

E Telephone number

(610) 542-3065

G Gross receipts \$ 468,839,037.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.DEVEREUX.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1938

M State of legal domicile: PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: DEVEREUX IS A LEADING BEHAVIORAL HEALTHCARE ORGANIZATION SUPPORTING MANY OF THE MOST UNDERSERVED AND VULNERABLE MEMBERS OF OUR COMMUNITIES.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9,613.	
	6	Total number of volunteers (estimate if necessary)	6		
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-98,474.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-98,474.	
			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	11,968,709.	8,121,855.	
	9	Program service revenue (Part VIII, line 2g)	433,261,168.	453,612,008.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	614,462.	-54,653.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,087,573.	5,707,407.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	446,931,912.	467,386,617.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	197,751.	101,788.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	327,310,221.	346,747,873.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
16b		Total fundraising expenses (Part IX, column (D), line 25)	1,875,159.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	111,869,056.	126,163,515.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	439,377,028.	473,013,176.	
19		Revenue less expenses. Subtract line 18 from line 12	7,554,884.	-5,626,559.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	186,405,000.	188,063,000.	
	21	Total liabilities (Part X, line 26)	150,669,000.	156,365,000.	
22	Net assets or fund balances. Subtract line 21 from line 20.	35,736,000.	31,698,000.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	ROBERT C DUNNE		05/06/2019	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	Firm's name		Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address		Firm's EIN	Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 226,006,437. including grants of \$) (Revenue \$ 236,817,115.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 115,366,039. including grants of \$) (Revenue \$ 124,409,634.)

COMMUNITY-BASED RESIDENTIAL: SERVICES INCLUDE TRANSITIONAL LIVING ARRANGEMENTS, GROUP HOMES, SUPERVISED APARTMENTS, PSYCHO-SOCIAL REHABILITATION DAY PROGRAMS AND VOCATIONAL TRAINING PROGRAMS FOR ADOLESCENTS AND ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. IN MOST OF THESE COMMUNITY-BASED RESIDENTIAL PROGRAMS, DEVEREUX STAFF PROVIDE 24/7 SUPERVISION AND TREATMENT OF INDIVIDUALS. THE AVERAGE NUMBER OF CLIENTS SERVED BY THESE PROGRAMS IS APPROXIMATELY 773 FOR YEAR ENDING JUNE 30, 2018. EXPENSES DO NOT INCLUDE MANAGEMENT AND GENERAL EXPENSES OF \$12,541,887.

4c (Code:) (Expenses \$ 27,427,273. including grants of \$) (Revenue \$ 33,408,408.)

FOSTER CARE: DEVEREUX OFFERS FOSTER CARE IN GROUP FOSTER HOMES AND IN THERAPEUTIC FOSTER HOMES IN ARIZONA, FLORIDA, GEORGIA, MASSACHUSETTS, NEW JERSEY, TEXAS AND PENNSYLVANIA. THE AVERAGE NUMBER OF CLIENTS SERVED BY THESE PROGRAMS IS APPROXIMATELY 906 FOR YEAR ENDING JUNE 30, 2018. EXPENSES DO NOT INCLUDE MANAGEMENT AND GENERAL EXPENSES OF \$2,981,725. FOR 4D. OTHER PROGRAM SERVICES, EXPENSES DO NOT INCLUDE MANAGEMENT AND GENERAL EXPENSES OF \$6,103,336.

4d Other program services (Describe in Schedule O.) ATTACHMENT 3

(Expenses \$ 56,141,289. including grants of \$) (Revenue \$ 58,976,851.)

4e Total program service expenses ▶ 424,941,038.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 1,219		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 9,613		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 4**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

ROBERT C DUNNE, CFO 2012 RENAISSANCE BOULEVARD KING OF PRUSSIA, PA 19406 610-542-3063

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER D BUTLER CHAIR, TRUSTEE	5.00 2.00	X		X				0.	0.	0.
(2) FRANCIS GENUARDI VICE CHAIR, TRUSTEE	5.00 2.00	X		X				0.	0.	0.
(3) SAMUEL G COPPERSMITH VICE CHAIR, TRUSTEE	5.00 2.00	X		X				0.	0.	0.
(4) RAMIN ARANI TRUSTEE	2.00 2.00	X						0.	0.	0.
(5) CLARENCE D ARMBRISTER TRUSTEE	2.00 2.00	X						0.	0.	0.
(6) TAMI BENTON MD TRUSTEE	2.00 2.00	X						0.	0.	0.
(7) EDWIN BOYNTON TRUSTEE	2.00 2.00	X						0.	0.	0.
(8) ROBERT D ELLIS TRUSTEE	2.00 2.00	X						0.	0.	0.
(9) ELVA FERRARI-GRAHAM TRUSTEE	2.00 5.00	X						0.	0.	0.
(10) ROBERT GOTTLIEB TRUSTEE (THROUGH 11/2017)	2.00 2.00	X						0.	0.	0.
(11) JOHN GUSTAFSSON TRUSTEE	2.00 2.00	X						0.	0.	0.
(12) HOWARD HASSMAN DO TRUSTEE	2.00 2.00	X						0.	0.	0.
(13) LISA MCCANN TRUSTEE	2.00 2.00	X						0.	0.	0.
(14) SHAYE SCHLOSS TRUSTEE	2.00 2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JAMES H SCHWAB TRUSTEE	2.00 2.00	X						0.	0.	0.
16) LAUREN SOLOTAR TRUSTEE (THROUGH 11/2017)	2.00 2.00	X						0.	0.	0.
17) JANE TAYLOR TRUSTEE	2.00 2.00	X						0.	0.	0.
18) I STEVEN UDVARHELYI, MD TRUSTEE (THROUGH 11/2017)	2.00 2.00	X						0.	0.	0.
19) K. LISA YANG TRUSTEE	2.00 2.00	X						0.	0.	0.
20) CARL E. CLARK (EFFEC. 1/2018) CEO, TRUSTEE, FORMER COO	58.00 5.00	X		X				464,942.	0.	53,428.
21) ROBERT Q KREIDER (THRU 1/2018) CEO, TRUSTEE	58.00 5.00	X		X				745,002.	0.	182,347.
22) TILDEN REEDER PSYCHIATRIST	55.00 0.					X		348,925.	0.	27,369.
23) IMRAN POSNER PSYCHIATRIST	55.00 0.					X		347,359.	0.	18,897.
24) JACQUELINE ZAVODNICK MEDICAL SERVICES DIRECTOR	55.00 0.					X		262,074.	0.	26,665.
25) RANJEEB SHRESTHA PSYCHIATRIST	55.00 0.					X		340,554.	0.	25,722.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								6,573,023.	0.	671,068.
d Total (add lines 1b and 1c)								6,573,023.	0.	671,068.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 106**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 5		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) YOLANDA GRAHAM EXEC DIRECTOR - MENTAL HEALTH	55.00 0.					X		283,939.	0.	26,081.
27) ROBERT C DUNNE SR. VP AND CFO	55.00 5.00			X				377,478.	0.	46,637.
28) MARILYN BENOIT, MD SR. VP AND CCO	55.00 5.00			X				432,787.	0.	20,638.
29) LEAH YAW SR. VP OF EXTERNAL AFFAIRS	55.00 5.00			X				341,435.	0.	39,692.
30) STEPHEN NOLAN (THRU 11/2017) SR VP GENL COUNSEL	55.00 5.00			X				247,909.	0.	8,001.
31) RENEE MARTIN (THRU 6/2018) SR VP GENL COUNSEL	55.00 5.00			X				15,453.	0.	0.
32) MICHAEL ERNST SR. VP PEOPLE OPERATIONS	55.00 5.00			X				0.	0.	0.
33) L GAIL ATKINSON VP OF OPERATIONS	55.00 3.00			X				281,217.	0.	24,608.
34) RAYNI BRINDLEY VP OF OPERATIONS AND BUS. DEV.	55.00 0.			X				253,660.	0.	8,469.
35) TIMOTHY DILLON VP OF HR	55.00 0.			X				230,861.	0.	22,289.
36) CAROL OLIVER VP OPERATIONS (THROUGH 12/2017)	55.00 0.			X				297,378.	0.	25,669.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **106**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) GWENDOLYN SKINNER VP OPERATIONS	55.00 0.			X				260,167.	0.	16,768.
38) THOMAS SHURER VP INFORMATION SYSTEMS	55.00 0.			X				202,657.	0.	20,646.
39) LAWRENCE W WILLIAMS (THRU 11/2 VP COMPLIANCE	55.00 2.00			X				206,192.	0.	19,181.
40) FRAN WAGNER (EFFEC. 11/2017) VP COMPLIANCE	55.00 0.			X				139,792.	0.	18,100.
41) DAVID A GRIFFITH CONTROLLER	55.00 0.			X				159,508.	0.	11,685.
42) KATHY-ANN LEWIS TREASURER	55.00 0.			X				104,044.	0.	15,330.
43) LORRAINE BARRETT ASSISTANT SECRETARY	55.00 0.			X				76,036.	0.	12,846.
44) MARGARET M MCGILL FORMER COO	55.00 5.00						X	153,654.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **106**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 123,119.				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,255,562.				
	d	Related organizations	1d 2,578,093.				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 4,165,081.				
	g	Noncash contributions included in lines 1a-1f: \$	1,076,644.				
	h	Total. Add lines 1a-1f		8,121,855.			
Program Service Revenue	2a	CAMPUS BASED RESIDENTIAL/EDUCATION	Business Code 623210	236,817,115.	236,817,115.		
	b	COMMUNITY-BASED RESIDENTIAL	623210	124,409,634.	124,409,634.		
	c	FOSTER CARE	624190	33,408,408.	33,408,408.		
	d	ACUTE CARE	622110	11,818,240.	11,818,240.		
	e	CASE MANAGEMENT	624190	19,305,807.	19,305,807.		
	f	All other program service revenue		27,852,804.	27,852,804.		
	g	Total. Add lines 2a-2f		453,612,008.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		337,607.		
4		Income from investment of tax-exempt bond proceeds .		0.			
5		Royalties		0.			
6a		Gross rents	(i) Real 69,835.				
b		Less: rental expenses					
c		Rental income or (loss)	69,835.				
d		Net rental income or (loss)		69,835.		69,835.	
7a		Gross amount from sales of assets other than inventory	(i) Securities 57,945.	(ii) Other 181,977.			
b		Less: cost or other basis and sales expenses	56,220.	575,962.			
c		Gain or (loss)	1,725.	-393,985.			
d		Net gain or (loss)		-392,260.		-392,260.	
8a		Gross income from fundraising events (not including \$ 1,255,551. of contributions reported on line 1c). See Part IV, line 18	ATCH 6 a 869,434.				
b	Less: direct expenses	b 820,238.					
c	Net income or (loss) from fundraising events .	ATCH 7 49,196.					
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities .		0.				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory .		0.				
Miscellaneous Revenue			Business Code				
11a	ICPTR INTELLECTUAL PROPERTY	616000	506,386.	506,386.			
b	MISCELLANEOUS	900099	2,129,475.	2,227,949.	-98,474.		
c	NET GAIN FROM INSURANCE PROCEEDS	900099	2,952,515.	2,952,515.			
d	All other revenue						
e	Total. Add lines 11a-11d		5,588,376.				
12	Total revenue. See instructions.		467,386,617.	459,298,858.	-98,474.	15,182.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	101,788.	101,788.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,804,663.	1,693,485.	2,674,667.	436,511.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	261,827,452.	235,166,241.	25,844,666.	816,545.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,609,230.	7,213,530.	1,338,709.	56,991.
9 Other employee benefits	52,075,328.	46,931,495.	5,015,640.	128,193.
10 Payroll taxes	19,431,200.	17,458,220.	1,886,268.	86,712.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	221,820.	74,862.	146,958.	
c Accounting	506,676.	263,472.	243,204.	
d Lobbying	70,000.	70,000.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	34,529,169.	33,891,797.	574,199.	63,173.
12 Advertising and promotion	363,131.	363,131.		
13 Office expenses	21,956,855.	20,716,712.	1,069,542.	170,601.
14 Information technology	1,813,366.	1,479,381.	326,401.	7,584.
15 Royalties	0.			
16 Occupancy	25,987,556.	22,077,534.	3,825,411.	84,611.
17 Travel	3,699,526.	2,482,640.	1,202,105.	14,781.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	91,809.	19,728.	71,281.	800.
20 Interest	2,329,954.	2,329,954.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	13,945,095.	12,159,061.	1,778,134.	7,900.
23 Insurance	16,833,729.	16,633,178.	199,794.	757.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	2,297,923.	2,297,923.		
b GIFTS IN KIND OFFSET	871,075.	871,075.		
c CONTINUING CARE	950,406.	950,406.		
d CHANGE IN INTEREST RATE SWAP	-304,575.	-304,575.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	473,013,176.	424,941,038.	46,196,979.	1,875,159.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	9,187,000.	2	8,020,000.
	3 Pledges and grants receivable, net	6,265,000.	3	7,200,000.
	4 Accounts receivable, net	50,975,000.	4	53,252,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	10,221,000.	9	7,564,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 326,052,000.		
	b Less: accumulated depreciation	10b 219,934,000.		
		102,827,000.	10c	106,118,000.
	11 Investments - publicly traded securities	6,492,000.	11	4,367,000.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	438,000.	15	1,542,000.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	186,405,000.	16	188,063,000.	
Liabilities	17 Accounts payable and accrued expenses	62,094,000.	17	71,604,000.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	6,259,000.	19	6,015,000.
	20 Tax-exempt bond liabilities	30,263,000.	20	28,027,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,871,000.	21	2,139,000.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	18,506,000.	23	17,714,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	31,676,000.	25	30,866,000.
	26 Total liabilities. Add lines 17 through 25	150,669,000.	26	156,365,000.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,009,000.	27	15,488,000.
	28 Temporarily restricted net assets	14,727,000.	28	16,210,000.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	35,736,000.	33	31,698,000.
	34 Total liabilities and net assets/fund balances	186,405,000.	34	188,063,000.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	467,386,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	473,013,176.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,626,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,736,000.
5	Net unrealized gains (losses) on investments	5	38,032.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,550,527.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,698,000.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

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Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33 1/3 % support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,575,158.	14,155,481.	9,564,385.	11,968,710.	8,121,855.	57,385,589.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	371,921,284.	398,114,580.	418,381,330.	433,261,168.	459,288,858.	2,080,967,220.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	385,496,442.	412,270,061.	427,945,715.	445,229,878.	467,410,713.	2,138,352,809.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						2,138,352,809.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.	385,496,442.	412,270,061.	427,945,715.	445,229,878.	467,410,713.	2,138,352,809.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	715,390.	659,867.	621,343.	614,462.	337,607.	2,948,669.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					-98,474.	-98,474.
c Add lines 10a and 10b	715,390.	659,867.	621,343.	614,462.	239,133.	2,850,195.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,077,808.	812,485.	925,068.	826,420.	-332,426.	4,309,355.
13 Total support. (Add lines 9, 10c, 11, and 12.)	388,289,640.	413,742,413.	429,492,126.	446,670,760.	467,317,420.	2,145,512,359.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	99.67 %
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	99.36 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.13 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.31 %

- 19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2017▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE DEVEREUX FOUNDATION**Employer identification number
23-1390618**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENUARDI FAMILY FOUNDATION BLUE BELL EXECUTIVE CAMPUS 460 NORRISTOW BLUE BELL, PA 19422	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF FLORIDA 530 W. AUGUSTINE ST. TALLAHASSEE, FL 32399	\$ 168,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VALERO TEXAS CITY REFINERY 1301 LOOP 197 S. TEXAS TEXAS CITY, TX 77590	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HELENA DEVEREUX FOUNDATION 444 DEVEREUX DRIVE VILLANOVA, PA 19085	\$ 2,578,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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Name of organization THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE DEVEREUX FOUNDATION	Employer identification number 23-1390618
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		70,000.													
c Total lobbying expenditures (add lines 1a and 1b)		70,000.													
d Other exempt purpose expenditures		472,942,175.													
e Total exempt purpose expenditures (add lines 1c and 1d)		473,012,175.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	68,786.	81,720.	88,625.	70,000.	309,131.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-A

DEVEREUX'S LOBBYING ACTIVITIES RELATE TO GARNERING GREATER SUPPORT FOR

INDIVIDUALS WITH BEHAVIORAL, INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

AND EDUCATING PUBLIC OFFICIALS ABOUT DEVEREUX'S SERVICES.

Part IV Supplemental Information *(continued)*

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE DEVEREUX FOUNDATION

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

23-1390618

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ **a** Public exhibition
☐ **b** Scholarly research
☐ **c** Preservation for future generations
☐ **d** Loan or exchange programs
☐ **e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	130,151,000.	109,046,000.	114,397,000.	113,107,000.	92,722,000.
b Contributions	1,085,551.	13,924,555.	978,094.	5,126,741.	6,934,697.
c Net investment earnings, gains, and losses	10,649,825.	13,153,531.	-2,245,101.	-1,041,479.	14,904,265.
d Grants or scholarships					
e Other expenditures for facilities and programs	9,556,230.	5,848,177.	3,959,044.	2,670,589.	1,334,285.
f Administrative expenses	131,146.	124,909.	124,949.	124,673.	119,677.
g End of year balance	132,199,000.	130,151,000.	109,046,000.	114,397,000.	113,107,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 84.0000 %

b Permanent endowment 5.0000 %

c Temporarily restricted endowment 11.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,228,665.		6,228,665.
b Buildings		195,122,480.	122,710,623.	72,411,857.
c Leasehold improvements		8,690,892.	2,590,649.	6,100,243.
d Equipment		40,068,543.	32,693,960.	7,374,583.
e Other		75,941,892.	61,939,240.	14,002,652.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				106,118,000.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ESTIMATED 3RD PARTY PAYOR SETT	14,512,000.	
(3) CONTINUING CARE OBLIGATION	7,273,000.	
(4) LOAN FROM HELENA DEVEREUX FOUN	4,791,000.	
(5) OTHER	2,612,000.	
(6) ORIGINAL ISSUE PREMIUM	1,678,000.	
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		30,866,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

THE ENDOWMENT FUNDS ARE HELD BY A RELATED NON-PROFIT ORGANIZATION, HELENA DEVEREUX FOUNDATION (HDF). HDF INVESTS FUNDS TRANSFERRED TO IT FROM DEVEREUX AND USES THE EARNINGS FROM THESE INVESTMENTS TO FURTHER DEVEREUX'S MISSION OF CHANGING LIVES AND NURTURING HUMAN POTENTIAL THROUGH A WIDE RANGE OF SERVICES AND SUPPORTS FOR INDIVIDUALS AND FAMILIES. THE END OF YEAR BALANCE FOR THE HDF ENDOWMENT IS \$132,199,000. ENDOWMENT FUNDS ARE USED TO SUPPORT DEVEREUX'S PROGRAMS THROUGH THE IMPLEMENTATION OF A SPENDING RULE, WHICH IS IN ACCORDANCE WITH COMMONWEALTH OF PENNSYLVANIA ACT 141 AND CURRENTLY CALLS FOR AN ANNUAL DISTRIBUTION EQUIVALENT TO APPROXIMATELY 4.5% OF THE AVERAGE ENDOWMENT BALANCE OVER THE LAST 3 YEARS.

PART IV LINE 2B

DEVEREUX MAINTAINS SOCIAL SECURITY CLIENT TRUST FUNDS AND OTHER AMOUNTS HELD FOR CURRENT NEEDS OF ITS CLIENTS AND RESIDENTS RECEIVING TREATMENT SERVICES. THESE FUNDS ARE REQUIRED TO BE MAINTAINED IN SEPARATE ACCOUNTS.

PART X LINE 2

THE IRS DETERMINED THAT DEVEREUX QUALIFIES UNDER THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. DEVEREUX HAS REVIEWED THE TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH U.S. GAAP FOR UNCERTAINTY IN INCOME TAXES, AND HAVE DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PA GALA (event type)	MA GALA (event type)	13. (total number)	
Revenue	1 Gross receipts	677,436.	399,836.	1,047,711.	2,124,983.
	2 Less: Contributions	431,284.	60,868.	763,399.	1,255,551.
	3 Gross income (line 1 minus line 2),	246,152.	338,968.	284,312.	869,432.
Direct Expenses	4 Cash prizes			2,225.	2,225.
	5 Noncash prizes	35,575.	9,200.	42,021.	86,796.
	6 Rent/facility costs	69,587.	15,210.	175,067.	259,864.
	7 Food and beverages	149,096.	36,842.	65,265.	251,203.
	8 Entertainment	22,650.	6,000.	24,375.	53,025.
	9 Other direct expenses	45,584.	17,440.	104,100.	167,124.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				820,237.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				49,195.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)						0
b Medicaid (from Worksheet 3, column a)			8,499,273.	7,825,110.	674,163.	
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			8,499,273.	7,825,110.	674,163.	
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j.			8,499,273.	7,825,110.	674,163.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2017

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DEVEREUX

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	36,000.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	477,775.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 N/A				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 CHILDREN'S BEHAVIORAL HEALTH CENTER	
655 SUGARTOWN ROAD	
MALVERN	PA 19355
WWW.DEVEREUX.ORG	

[illegible]

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CHILDRENS BEHAVIORAL HEALTH CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1**Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1 X	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	3 X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7 X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.DEVEREUX.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 X	
a If "Yes," (list url): <u>WWW.DEVEREUX.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group CHILDRENS BEHAVIORAL HEALTH CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.DEVEREUX.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.DEVEREUX.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.DEVEREUX.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections****Name of hospital facility or letter of facility reporting group** CHILDRENS BEHAVIORAL HEALTH CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		X
If "No," indicate why:		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group CHILDRENS BEHAVIORAL HEALTH CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 11

FOR LINE 11 PART V SECTION B, REFER TO DEVEREUX PENNSYLVANIA CHILDREN'S BEHAVIORAL HEALTH CENTER'S (DEVEREUX PENNSYLVANIA CBHC) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY THAT CAN BE FOUND ON OUR WEBSITE. SECTION III OF THE REPORT DESCRIBES HOW DEVEREUX PENNSYLVANIA CBHC IS ADDRESSING THE SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE MOST RECENT CHNA

DEVEREUX PENNSYLVANIA CBHC HAS MADE EVERY EFFORT TO ENSURE IT DEFINED AND PRIORITIZED THE SIGNIFICANT HEALTH NEEDS OF ITS COMMUNITY THROUGH CAREFUL RESEARCH, ASSESSMENT AND IMPLEMENTATION OF ITS CHNA. OUR TEAM TOOK INTO ACCOUNT INPUT FROM GOVERNMENT HEALTH DEPARTMENTS, MCOS, COMMUNITY PARTNERSHIPS AND HEALTHCARE PROVIDERS AS WE SOUGHT TO MEET THE NEEDS OF OUR PATIENTS AND THE COMMUNITIES WE SERVE.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 19

Name and address	Type of Facility (describe)
1 DEVEREUX FLORIDA VIERA CAMPUS 8000 DEVEREUX DRIVE MELBOURNE FL 32940	RESIDENTIAL AND OUTPATIENT TREATMENT. GROUP HOMES. FOSTER CARE.
2 DEVEREUX ADULT SERVICES 139 LEOPARD ROAD BERWYN PA 19312	RESIDENTIAL AND GROUP HOMES FOR AUTISTIC & INTELLECTUALLY DISABLED ADULTS.
3 DEVEREUX NEW YORK 40 DEVEREUX WAY RED HOOK NY 12571	12 MO RESIDENTIAL AND DAY SCHOOL. BEHAVIORAL INTERVEN- TION.
4 DEVEREUX NEW JERSEY 198 ROADSTOWN ROAD BRIDGETON NJ 08302	EDUCATIONAL AND RESIDENTIAL TREATMENT. GROUP HOMES. THERA- PEUTIC FOSTER CARE.
5 DEVEREUX CHILDREN'S IDD SERVICES 390 E BOOT RD WEST CHESTER PA 19380	RESIDENTIAL TREATMENT. SPECIAL EDUCATION SERVICES.THERAPEUTIC FOSTER CARE.
6 DEVEREUX MASSACHUSETTS 60 MILES RD PO BOX 219 RUTLAND MA 01543	RESIDENTIAL TREATMENT, DAY SCHOOL, GROUP HOMES, THERAPEU- TIC FOSTER CARE.
7 DEVEREUX GEORGIA 1291 STANLEY RD KENNESAW GA 30144	SPECIALTY FOSTER CARE. ALTER- NATIVE DAY SCHOOL. GROUP HOME. OUTPATIENT SERVICES.
8 DEVEREUX CHILDRENS BEHAVIORAL HEALTH SER DEVEREUX DRIVE GLENMOORE PA 19343	RESIDENTIAL AND EDUCATIONAL SERVICES FOR TREATMENT OF BEHAVIORAL DISORDERS.
9 DEVEREUX ARIZONA SCOTTSDALE 6436 SWEETWATER ROAD SCOTTSDALE AZ 85254	RESIDENTIAL AND OUTPATIENT TREATMENT. GROUP HOMES. FOSTER CARE. THERAPEUTIC FOSTER CARE.
10 DEVEREUX ORLANDO CAMPUS 6417 CHRISTIAN WAY ORLANDO FL 32808	RESIDENTIAL TREATMENT FACILITY GROUP HOMES

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 DEVEREUX TEXAS VICTORIA CAMPUS 120 DAVID WADE DR VICTORIA TX 77905	CHILDREN'S RESIDENTIAL, EDUCATIONAL, FOSTER CARE, ADULT RESIDENTIAL.
2 DEVEREUX TEXAS LEAGUE CITY CAMPUS HOUSTON CTR 1150 DEVEREUX DR LEAGUE CITY TX 77573	RESIDENTIAL TREATMENT. DAY CARE. FOSTER CARE. RESIDENTIAL.
3 DEVEREUX POCONO CENTER 1547 MILL CREEK RD NEWFOUNDLAND PA 18445	COMMUNITY BASED PROGRAMS FOR ADULTS WITH INTELLACTUAL OR DEVELOPMENTAL DISABILITIES.
4 DEVEREUX GLENHOLME SCHOOL 81 SABBADAY LANE WASHINGTON CT 06793	RESIDENTIAL EDUCATION, DAY SCHOOL, EXTENDED DAY AND OUT-DEVELOPMENTAL DISABILITIES.
5 DEVEREUX ARIZONA TUCSON 2502 N. DODGE RD. TUCSON AZ 85716	RESIDENTIAL TREATMENT FACILITY PATIENT SERVICES.
6 DEVEREUX MAPLETON 655 SUGARTOWN ROAD BOX 275 MALVERN PA 19355	RESIDENTIAL, COMMUNITY-BASED AND DAY SCHOOL
7 DEVEREUX SANTA BARBARA 6980 FALBERG WAY GOLETA CA 93117	OFF CAMPUS SUPPORTED LIVING. AND DAY SCHOOL RESIDENTIAL.
8 DEVEREUX STONE AND GABLES 228 HIGHLAND AVE DEVON PA 19333	OPEN RESIDENTIAL TREATMENT ON CAMPUS GROUP HOMES. RESIDENTIAL.
9 DEVEREUX FLORIDA TITUSVILLE CAMPUS 1850 S.DELEON AVENUE TITUSVILLE FL 32780	RESIDENTIAL TREATMENT FACILITY FACILITY WITH SPECIAL EDUCATION SERVICES
10	

Schedule H (Form 990) 2017

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H PART VI

DEVEREUX OPERATES THE CHILDREN'S BEHAVIORAL HEALTH CENTER IN MALVERN, PA,
A 49-BED PRIVATE PSYCHIATRIC FACILITY THAT PROVIDES CARE TO CHILDREN AND
ADOLESCENTS AGES 5 - 18.

SCHEDULE H PART I

IN ADVANCEMENT OF ITS CHARITABLE MISSION, DEVEREUX ACCEPTS CLIENTS WITH
LIMITED OR NO ABILITY TO PAY FOR SERVICES. A CLIENT IS CLASSIFIED AS A
CHARITY CLIENT BASED ON ESTABLISHED WRITTEN POLICIES. CHARITY SERVICES
ARE DEFINED AS THOSE FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A
CLIENT'S ABILITY TO PAY, DEVEREUX USES FEDERAL POVERTY INCOME LEVELS, BUT
ALSO INCLUDES CASES WHERE INCURRED CHARGES ARE SIGNIFICANT RELATIVE TO
INCOME. UNDER CERTAIN GOVERNMENTAL REIMBURSEMENT PROGRAMS, DEVEREUX HAS
BEEN PAID AN AMOUNT LESS THAN ACTUAL COSTS DUE TO AGENCY BUDGETING
CONSTRAINTS OR OTHER FACTORS. THE ECONOMIC LOSS ATTRIBUTABLE TO SUCH
PROGRAMS IS ALSO REPORTED AS CHARITY CARE. CHARITY CARE AMOUNTS ARE NOT
INCLUDED IN NET CLIENT REVENUE OR ACCOUNTS RECEIVABLE. THE AMOUNT OF
CHARGES FORGONE, BASED ON ESTABLISHED RATES, FOR SERVICES PROVIDED TO

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CLIENTS THAT QUALIFY FOR CHARITY CARE AND THE ECONOMIC SHORTFALL

ATTRIBUTABLE TO UNREIMBURSED COSTS OF CERTAIN PROGRAMS FOR ALL DEVEREUX

LOCATIONS AGGREGATED \$18,389,000 AND \$11,664,000 IN 2018 AND 2017,

RESPECTIVELY.

SCHEDULE H PART I

DEVEREUX ALSO PROVIDES A VARIETY OF SERVICES AND BENEFITS WITHIN THE

COMMUNITIES IN WHICH IT OPERATES, FOR WHICH NO COMPENSATION IS RECEIVED.

THE COST OF THESE SERVICES HAS NOT BEEN QUANTIFIED AND, THEREFORE, IS NOT

INCLUDED IN THE CHARITY CARE AMOUNTS LISTED ABOVE.

SCHEDULE H PART III A 4

REFER TO PAGE 10 IN THE ATTACHED FINANCIAL STATEMENTS FOR DEVEREUX'S

FOOTNOTE REGARDING BAD DEBT EXPENSE.

SCHEDULE H PART V 15E

IN FAIRLY LIMITED SITUATIONS, DEVEREUX MAY REFER THE OUTSTANDING BILL TO

A THIRD PARTY FOR COLLECTION. CENTER MANAGEMENT WILL WORK WITH CORPORATE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MANAGEMENT BEFORE PROCEEDING IN UTILIZING A THIRD PARTY FOR COLLECTION.

SCHEDULE H PART V 21

DEVEREUX FACILITIES DO NOT OPERATE AN EMERGENCY DEPARTMENT. NEARLY ALL OF DEVEREUX'S CLIENTS COME BY WAY OF REFERRAL FROM A PHYSICIAN, INSURANCE COMPANY, GOVERNMENTAL AGENCY, OR OTHER HEALTHCARE FACILITY.

SCHEDULE H PART V

DEVEREUX PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM THE UNWILLINGNESS OR INABILITY OF PATIENTS OR PAYORS TO MAKE PAYMENTS FOR SERVICES. THE ALLOWANCE IS DETERMINED BY ANALYZING SPECIFIC ACCOUNTS AND HISTORICAL DATA AND TRENDS. ACCOUNTS RECEIVABLE ARE CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN MANAGEMENT DETERMINES THAT RECOVERY IS UNLIKELY AND DEVEREUX CEASES COLLECTION EFFORTS. LOSSES HAVE BEEN CONSISTENT WITH MANAGEMENT'S EXPECTATIONS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H PART V 24

DEVEREUX HAS RELATIVELY FEW PRIVATE PAY PATIENTS WHO PAY THE STANDARD RATE FOR CARE.

SCHEDULE H PART V SECTION D

THE ORGANIZATION ALSO OPERATED HUNDREDS OF COMMUNITY GROUP HOMES THAT GENERALLY SERVE UP TO 6 INDIVIDUALS WITH MENTAL HEALTH ISSUES OR DEVELOPMENTAL DISABILITIES. THESE HOMES ARE DESIGNED TO ALLOW CLIENTS TO LIVE AS INDEPENDENTLY AS POSSIBLE IN THE COMMUNITY, RATHER THAN AN INSTITUTIONAL SETTING. THESE ARE NOT INDIVIDUALLY LISTED IN PART V, SECTION D.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARL E. CLARK (EFFEC. 1/1/17) CEO, TRUSTEE, FORMER COO	(i)	357,214.	94,000.	13,728.	44,833.	8,595.	518,370.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ROBERT Q KREIDER (THRU 12/31/16) CEO, TRUSTEE	(i)	500,000.	224,500.	20,502.	173,813.	8,534.	927,349.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARGARET M MCGILL FORMER COO	(i)	0.	0.	153,654.	0.	0.	153,654.	93,654.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT C DUNNE SR. VP AND CFO	(i)	284,812.	75,100.	17,566.	38,200.	8,437.	424,115.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MARILYN BENOIT, MD SR. VP AND CCO	(i)	334,808.	72,108.	25,871.	18,900.	1,738.	453,425.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 LEAH YAW SR. VP OF EXTERNAL AFFAIRS	(i)	259,620.	60,000.	21,815.	31,129.	8,563.	381,127.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 STEPHEN NOLAN (THRU 11/30/16) SR VP GENL COUNSEL	(i)	177,581.	52,000.	18,328.	0.	8,001.	255,910.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 L GAIL ATKINSON VP OF OPERATIONS	(i)	233,852.	44,200.	3,165.	16,370.	8,238.	305,825.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RAYNI BRINDLEY VP OF OPERATIONS AND BUS. DEV.	(i)	200,756.	47,900.	5,004.	0.	8,469.	262,129.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 TIMOTHY DILLON VP OF HR	(i)	187,523.	36,700.	6,638.	13,852.	8,437.	253,150.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CAROL OLIVER VP OPERATIONS (THROUGH 12/2017)	(i)	244,808.	34,063.	18,507.	17,137.	8,532.	323,047.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 GWENDOLYN SKINNER VP OPERATIONS	(i)	214,808.	42,000.	3,359.	15,037.	1,731.	276,935.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 THOMAS SHURER VP INFORMATION SYSTEMS	(i)	165,052.	31,700.	5,905.	12,237.	8,409.	223,303.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 LAWRENCE W WILLIAMS (THRU 12/31/16) VP COMPLIANCE	(i)	166,331.	39,019.	842.	11,643.	7,538.	225,373.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 FRAN WAGNER (EFFEC. 11/1/16) VP COMPLIANCE	(i)	132,749.	5,500.	1,543.	9,926.	8,174.	157,892.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 DAVID A GRIFFITH CONTROLLER	(i)	145,428.	13,900.	180.	10,291.	1,394.	171,193.	
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TILDEN REEDER PSYCHIATRIST	(i) 347,689.	0.	1,236.	18,900.	8,469.	376,294.	
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	IMRAN POSNER PSYCHIATRIST	(i) 347,197.	0.	162.	17,253.	1,644.	366,256.	
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	JACQUELINE ZAVODNICK MEDICAL SERVICES DIRECTOR	(i) 260,838.	0.	1,236.	18,496.	8,169.	288,739.	
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	RANJEEB SHRESTHA PSYCHIATRIST	(i) 340,374.	0.	180.	17,181.	8,541.	366,276.	
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	YOLANDA GRAHAM EXEC DIRECTOR - MENTAL HEALTH	(i) 250,257.	22,883.	10,799.	17,518.	8,563.	310,020.	
		(ii) 0.	0.	0.	0.	0.	0.	0.
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I LINE 4B

THE ORGANIZATION HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN WHICH PARTICIPATION IN THE PLAN IS LIMITED TO THE PRESIDENT/CEO AND SENIOR VICE-PRESIDENTS OF THE ORGANIZATION. ANNUALLY, THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES MAY APPROVE AN ANNUAL CONTRIBUTION TO THE PARTICIPANT'S ACCOUNT IN AN AMOUNT UP TO 10% OF PLAN COMPENSATION FOR THE YEAR (AS DEFINED IN THE PLAN DOCUMENT). THE PARTICIPANT SHALL BECOME ONE HUNDRED PERCENT (100%) VESTED IN HIS OR HER BENEFIT UNDER THE PLAN IF WHILE EMPLOYED BY DEVEREUX, HE OR SHE (A) ATTAINS NORMAL RETIREMENT AGE, (B) DIES OR (C) BECOMES DISABLED. THE BENEFITS ACCRUED UNDER THIS PLAN ARE INCLUDED IN RETIREMENT AND OTHER DEFERRED COMPENSATION AMOUNTS IN PART II.

PART I LINE 7

THE ORGANIZATION HAS AN INCENTIVE PLAN AVAILABLE TO CERTAIN OFFICERS AND OTHER MEMBERS OF MANAGEMENT. ANNUALLY, THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES AND APPROVES THE INCENTIVE AMOUNTS FOR ALL ELIGIBLE MEMBERS, WITH THE EXCEPTION OF THE PRESIDENT/CEO, FOR WHICH THE FULL BOARD'S APPROVAL IS REQUIRED. INCENTIVE AMOUNTS ARE BASED ON THE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ACHIEVEMENT OF ORGANIZATIONAL AND INDIVIDUAL GOALS, WHICH INCORPORATE
BOTH QUALITATIVE AND QUANTITATIVE ELEMENTS.

COMPENSATION TO MARGARET M. MCGILL WAS PRIMARILY THE PAYMENT OF
PREVIOUSLY REPORTED DEFERRED COMPENSATION WHEN SHE WAS DEVEREUX'S COO.
THE BALANCE REPRESENTS CURRENT SERVICES AS AN INDEPENDENT CONTRACTOR.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

TAX-EXEMPT BONDS
Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHESTER CO HEALTH AND EDUCATION FACILITY AUTHORITY	23-2265260		12/15/2011	6,580,000.	REFUND OF 6/1/97 BONDS		X		X		X
B CHESTER CO HEALTH AND EDUCATION FACILITY AUTHORITY	23-2265260		11/01/2012	8,744,656.	REFUND OF 8/29/02 BONDS		X		X		X
C COLORADO HEALTH FACILITIES AUTHORITY	84-0752932		11/01/2012	7,053,664.	REFUND OF 8/29/02 BONDS		X		X		X
D CHESTER CO HEALTH AND EDUCATION FACILITY AUTHORITY	23-2265260	165579FX6	10/26/2016	20,458,423.	REFUND OF THE 6/29/06 BONDS		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	2,703,539.		2,607,165.		1,639,146.		1,015,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	6,580,000.		8,744,656.		3,197,421.		20,458,423.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	123,160.		95,146.		43,312.		319,152.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2011		2012		2012		2016	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X			X	X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X				X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA 7E1295 1.000
35205X A86H

V 17-7.10

DEVEREUX

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)**TAX-EXEMPT BONDS**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?						X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X		X		X	
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X			X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PART I, LINE C

THE COLORADO HEALTH FACILITIES AUTHORITY BONDS SUPPORTED PROJECTS AT BOTH DEVEREUX AND DEVEREUX CLEO WALLACE, A CONTROLLED ENTITY OF DEVEREUX. THE TOTAL ISSUANCE PRICE IS LISTED IN PART I, LINE C, COLUMN E. THE PORTION OF PROCEEDS OF THE ISSUE ATTRIBUTABLE TO DEVEREUX IS NOTED IN PART II, LINE 3 OF SCHEDULE K.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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2017

**Open to Public
Inspection**

Name of the organization

THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	5 .	1,200 .	COST OF DONATED PROP
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		8,464 .	COST OF DONATED PROP
5 Clothing and household goods	X		152,429 .	COST OF DONATED PROP
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14 .	200,565 .	SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	10 .	4,375 .	COST OF DONATED PROP
19 Food inventory	X	74 .	169,221 .	COST OF DONATED PROP
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		951 .	540,390 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

JSA

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V 17-7.10

DEVEREUX

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M LINE 32A

FOR PUBLICLY TRADED SECURITIES THAT ARE CONTRIBUTED TO DEVEREUX, AN
OUTSIDE BROKERAGE FIRM RECEIVES THE THESE SECURITIES, SELLS THEM, AND
REMITTS THE NET PROCEEDS TO DEVEREUX.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
EVENT TICKETS	X	91.	30,557.	COST OF DONATED PROP
USE OF PROPERTY	X	16.	7,241.	COST OF DONATED PROP
HOLIDAY-RELATED ITEMS	X	47.	98,343.	COST OF DONATED PROP
MISCELLANEOUS	X	797.	404,249.	COST OF DONATED PROP
TOTALS		<u>951.</u>	<u>540,390.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE DEVEREUX FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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FORM 990 PART IV LINE 34

THROUGH JUNE 30, 2018, THE DEVEREUX FOUNDATION D/B/A DEVEREUX ADVANCED BEHAVIORAL HEALTH (DEVEREUX) WAS A RELATED ORGANIZATION TO COMMUNITIES CONNECTED FOR KIDS, INC. (CCK) FORMERLY KNOWN AS DEVEREUX COMMUNITY BASED CARE, INC. (DCBC), A 501(C)(3) ORGANIZATION THAT COORDINATES THE DELIVERY OF CHILD WELFARE SERVICE IN INDIAN RIVER, MARTIN, OKEECHOBEE AND ST. LUCIE COUNTIES IN THE STATE OF FLORIDA. THIS INCLUDES THE PROVISION OF CASE MANAGEMENT, EMERGENCY SHELTERS, IN-HOME PROTECTIVE SERVICES, RELATIVE CARE PLACEMENTS, FOSTER CARE, FOSTER CARE SUPERVISION, INTENSIVE RESIDENTIAL TREATMENT, INDEPENDENT LIVING, FAMILY REUNIFICATION, AND ADOPTION AND APPROPRIATE RELATED SERVICES. UNDER THE AFFILIATION, DEVEREUX CONTROLLED A SIMPLE MAJORITY OF CCK BOARD SEATS AND PROVIDED CERTAIN FINANCIAL, INFORMATION TECHNOLOGY, HUMAN RESOURCES, BENEFIT ADMINISTRATION, LEGAL, INSURANCE AND OTHER SERVICES FOR CCK. FOR THESE SERVICES, DEVEREUX RECEIVED \$659,676 FROM CCK FOR THE YEAR ENDED JUNE 30, 2018. EFFECTIVE JULY 1, 2018, DEVEREUX CONTINUES TO PROVIDE THESE SERVICES BUT NO LONGER CONTROLS ANY CCK BOARD SEATS.

FORM 990 PART V LINE 2A

THE NUMBER OF EMPLOYEES LISTED IS THE TOTAL NUMBER OF EMPLOYEES WHO WORKED AT DEVEREUX DURING THE YEAR, INCLUDING THOSE WHO LEFT EMPLOYMENT DURING CALENDAR YEAR 2017, AS REPORTED ON FORM W-3.

FORM 990 PART VI SECTION A, LINE 1A

ARTICLE I, SECTION 1 OF THE BYLAWS OF DEVEREUX PROVIDES THAT DEVEREUX

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THE DEVEREUX FOUNDATION	23-1390618

SHALL BE GOVERNED BY A BOARD OF TRUSTEES OF FIFTEEN (15) TO TWENTY-TWO (22) MEMBERS OF THE BOARD. A MINIMUM OF FIVE (5) MEMBERS OF THE BOARD SHALL BE PARENTS, RELATIVES, OR GUARDIANS OF INDIVIDUALS CURRENTLY OR FORMERLY IN DEVEREUX'S CARE. THE EXECUTIVE COMMITTEE OF THE BOARD, WHICH CONSISTS OF EIGHT (8) MEMBERS OF THE GOVERNING BODY, HAS THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD OF TRUSTEES.

FORM 990 PART VI SECTION A, LINE 2

CHRISTOPHER D. BUTLER, TRUSTEE, AND I. STEVEN UDVARHELYI, TRUSTEE, HAVE A BUSINESS RELATIONSHIP.

FORM 990 PART VI SECTION B LINE 11

FORM 990 IS PROVIDED IN HARD-COPY OR ELECTRONICALLY TO ALL BOARD MEMBERS APPROXIMATELY TWO MONTHS BEFORE THE FILING DEADLINE. BOARD MEMBERS ARE REQUESTED TO PROVIDE COMMENTS OR QUESTIONS TO THE CFO BY A SPECIFIC DATE, APPROXIMATELY THREE WEEKS FROM RECEIVING THE DRAFT. THE COMMENTS ARE REVIEWED BY THE CFO, WHO DIRECTS THE RESPONSE TO ALL BOARD QUESTIONS, AND WHERE APPROPRIATE, DIRECTS CHANGES TO BE MADE TO THE FORM 990. THE BOARD IS ADVISED OF THE CHANGES AND GIVEN AN OPPORTUNITY FOR FINAL REVIEW. ADDITIONALLY, THE CFO REVIEWS ANY IMPORTANT ISSUES REGARDING THE FORM 990 AT A DESIGNATED BOARD MEETING, WITH FOLLOWUP AS NECESSARY AFTER THE MEETING, AND SOLICITS ADDITIONAL BOARD COMMENTS AND QUESTIONS. AFTER THIS REVIEW PROCESS, THE CFO SIGNS THE FORM 990 AND SUBMITS IT TO THE IRS.

FORM 990 PART VI SECTION B LINE 12C

REPRESENTATIVES OF DEVEREUX DEALING WITH CLIENTS, PARENTS, GUARDIANS,

Name of the organization THE DEVEREUX FOUNDATION	Employer identification number 23-1390618
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VENDORS, COMPETITORS OR ANYONE WHO DOES OR SEEKS TO DO BUSINESS WITH DEVEREUX ARE REQUIRED TO ACT IN DEVEREUX'S BEST INTERESTS, DISREGARDING ANY PERSONAL PREFERENCE OR ADVANTAGE. REPRESENTATIVES SHALL MAKE PROMPT AND FULL DISCLOSURE TO HIS/HER MANAGER AND TO THE INTERNAL AUDIT DEPARTMENT (AND, IN THE CASE OF TRUSTEES AND SENIOR MANAGERS, TO THE BOARD'S AUDIT AND COMPLIANCE COMMITTEE) VIA THE DEVEREUX CONFLICT OF INTEREST FORM OF ANY PROSPECTIVE OR ACTUAL SITUATION THAT INVOLVES, MAY INVOLVE, OR MIGHT APPEAR TO INVOLVE A CONFLICT OF INTEREST. MEMBERS OF THE SAME FAMILY OR LIVING WITHIN THE SAME DOMICILE MAY BE EMPLOYED BY DEVEREUX IN THE SAME CENTER OR DEPARTMENT UNLESS THE CENTER DIRECTOR OR DEPARTMENT HEAD DETERMINES SUCH EMPLOYMENT IS NOT IN DEVEREUX'S BEST INTEREST. RELATIVES OF SENIOR MANAGEMENT OR TRUSTEES, AS WELL AS THOSE WORKING IN HUMAN RESOURCES, PAYROLL, AND INTERNAL AUDIT, SHALL NOT BE HIRED BY DEVEREUX IN ANY CAPACITY UNLESS APPROVED IN ADVANCE BY THE PRESIDENT/CEO. EACH DEVEREUX EMPLOYEE HAS THE RESPONSIBILITY TO REPORT ANY ACTUAL OR PERCEIVED CONFLICTS OF INTEREST TO MANAGEMENT, HUMAN RESOURCES, THE VICE PRESIDENT OF AUDIT & COMPLIANCE OR THE EMPLOYEE HELPLINE. THE HELPLINE IS AN ANONYMOUS "WHISTLEBLOWER SERVICE", WHERE COMPLAINTS ARE PROCESSED BY AN INDEPENDENT THIRD PARTY RETAINED BY DEVEREUX FOR THIS PURPOSE AND SUBSEQUENTLY REFERRED TO THE VICE PRESIDENT OF COMPLIANCE. ANNUALLY, A COPY OF DEVEREUX'S BUSINESS ETHICS POLICY IS MAILED OR E-MAILED TO TRUSTEES, OFFICERS, DIRECTORS AND KEY PERSONNEL ALONG WITH THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT, WHICH MUST BE SIGNED AND RETURNED TO THE DIRECTOR OF INTERNAL AUDIT WITHIN 30 DAYS. THE ANNUAL DISCLOSURE REQUIRES AN ACKNOWLEDGEMENT OF UNDERSTANDING

Name of the organization THE DEVEREUX FOUNDATION	Employer identification number 23-1390618
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DEVEREUX'S BUSINESS ETHICS POLICY, AS WELL AS DISCLOSURE OF ANY CONFLICT, OR APPEARANCE OF A CONFLICT, BETWEEN PERSONAL INTERESTS AND THE INTERESTS OF DEVEREUX. FAILURE TO COMPLY OR FALSIFICATION OF DISCLOSURE MAY RESULT IN DISCIPLINARY ACTION, INCLUDING POSSIBLE DISMISSAL. NEWLY-HIRED EMPLOYEES IN THE CATEGORIES IDENTIFIED ABOVE ARE GIVEN THIS POLICY ON THE FIRST DAY OF THEIR EMPLOYMENT AND ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IMMEDIATELY. ALL EMPLOYEES DISCLOSING A CONFLICT OR POTENTIAL CONFLICT MUST HAVE THE DISCLOSURE STATEMENT REVIEWED AND SIGNED BY THE EXECUTIVE DIRECTOR AT THEIR LOCATION (PRESIDENT/CEO FOR CORPORATE STAFF) PRIOR TO SENDING IT TO AUDIT SERVICES. ALL ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS IDENTIFYING A CONFLICT OR POTENTIAL CONFLICT ARE REVIEWED BY THE VICE PRESIDENT OF AUDIT & COMPLIANCE AND ANY OTHER OFFICERS OR SENIOR MANAGEMENT DETERMINED TO BE APPROPRIATE, AND SUBMITTED TO THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW. NO DISCLOSURE STATEMENT MAY BE REVIEWED BY THE PERSON SUBMITTING IT OR BY A PERSON DIRECTLY SUPERVISED BY THE PERSON SUBMITTING THE REPORT.

FORM 990 PART VI SECTION B LINE 15B

DEVEREUX REVIEWS OFFICERS' AND EXECUTIVE DIRECTORS' SALARIES AGAINST THE MARKET ON AN ANNUAL BASIS IN CONNECTION WITH THE JULY MEETING OF THE EXECUTIVE COMMITTEE OF THE DEVEREUX BOARD OF TRUSTEES, WHICH SERVES AS THE BOARD'S COMPENSATION COMMITTEE. HOWEVER, REVIEWS MAY OCCUR AT OTHER TIMES TO RESPOND TO CHANGES IN THE MARKET. DURING THIS BENCHMARKING PROCESS, THE VICE PRESIDENT OF HUMAN RESOURCES CONDUCTS A REVIEW OF SALARIES FOR BENCHMARK POSITIONS FOR WHICH THERE IS SUFFICIENT MARKET

Name of the organization THE DEVEREUX FOUNDATION	Employer identification number 23-1390618
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SURVEY DATA AND IS FOCUSED ON NONPROFIT COMPETITORS. ADDITIONALLY, FORM 990S OF OTHER COMPARABLE ORGANIZATIONS ARE ALSO REVIEWED ON AN ANNUAL BASIS FROM AN ANALYSIS COMPILED BY THE CONTROLLER. THE RESULTS OF THESE REVIEWS ARE COMPARED AGAINST ALL EXECUTIVE DIRECTORS' AND OFFICERS' SALARIES. THE REVIEW IS INTENDED TO MAKE DEVEREUX'S COMPENSATION BOTH REASONABLE AND COMPETITIVE. THE VICE PRESIDENT OF HUMAN RESOURCES WILL MAKE RECOMMENDATIONS FOR ADJUSTMENTS, IF NECESSARY. DEVEREUX'S MARKET FOR THIS SALARY REVIEW IS PRIMARILY FOCUSED ON SIMILIARLY SIZED ORGANIZATIONS (BUDGET, NUMBER OF EMPLOYEES, REVENUE) IN THE BEHAVORIAL HEALTH INDUSTRY AND STRUCTURE (SYSTEM VS. SINGLE ENTITIES). HOWEVER, INDUSTRY-WIDE HEALTH CARE AND GENERAL INDUSTRY DATA AS PROVIDED BY THE U.S. DEPARTMENT OF LABOR OR OTHER SOURCES AS WELL AS RESIDENTIAL AND EDUCATIONAL SURVEYS THAT BECOME AVAILABLE OR THAT DEVEREUX MAY CONDUCT MAY ALSO BE FACTORED INTO THE REVIEW. THE RESULTS OF THE REVIEW CONDUCTED ARE TYPICALLY VALIDATED BY AN OUTSIDE COMPENSATION CONSULTANT AT LEAST EVERY 2 YEARS.

FORM 990 PART VI SECTION C LINE 19
DEVEREUX'S FORM 990 IS AVAILABLE TO THE PUBLIC THROUGH POSTING ON GUIDESTAR (WWW.GUIDESTAR.ORG). IT IS ALSO AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, AND SUMMARIZED FINANCIAL INFORMATION IS INCLUDED IN OUR ANNUAL REPORT, WHICH IS DISTRIBUTED TO CONSTITUENTS AND POSTED ON OUR WEBSITE. DEVEREUX DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC OUTSIDE OF THIS FORM 990.

Name of the organization THE DEVEREUX FOUNDATION	Employer identification number 23-1390618
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FORM 990 PART X LIABILITIES LINE 20

DEVEREUX REPORTED FOUR BONDS ON SCHEDULE K: CHESTER COUNTY HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, SERIES OF 2016 (FOR WHICH \$17,210,000 WAS OUTSTANDING AT JUNE 30, 2018); THE CHESTER COUNTY HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, SERIES 2011 (FOR WHICH \$3,876,000 WAS OUTSTANDING AT JUNE 30, 2018); THE CHESTER COUNTY HEALTH AND EDUCATION FACILITY AUTHORITY BONDS, SERIES 2012 (FOR WHICH \$6,137,000 WAS OUTSTANDING AT JUNE 30, 2018); AND COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS, SERIES 2012 (FOR WHICH \$3,438,000 WAS OUTSTANDING AT JUNE 30, 2018). THE SERIES 2011 AND BOTH OF THE SERIES 2012 BONDS WERE ACQUIRED BY FINANCIAL INSTITUTIONS.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

DEVEREUX ADVANCED BEHAVIORAL HEALTH CHANGES LIVES BY UNLOCKING AND NURTURING HUMAN POTENTIAL FOR PEOPLE WITH EMOTIONAL, BEHAVIORAL, OR COGNITIVE DIFFERENCES. AT DEVEREUX ADVANCED BEHAVIORAL HEALTH, WE INTEGRATE THE LATEST SCIENTIFIC AND MEDICAL ADVANCEMENTS WITH TIME-TESTED PHILOSOPHIES AND COMPASSIONATE FAMILY ENGAGEMENT TO PROVIDE PRACTICAL, EFFECTIVE, AND EFFICIENT CARE, MAKING A MEANINGFUL DIFFERENCE IN THE LIVES OF THOSE WE SERVE, AND THE WORLD AROUND THEM. WE HELP CHANGE LIVES FOR PEOPLE WITH AUTISM, INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, SPECIALTY MENTAL HEALTH NEEDS, AND CHILD WELFARE CONCERNS, WHILE SUPPORTING THE GOOD SOCIAL AND EMOTIONAL HEALTH OF ALL PEOPLE.

ATTACHMENT 2

Name of the organization THE DEVEREUX FOUNDATION	Employer identification number 23-1390618
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ATTACHMENT 2 (CONT'D)FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CAMPUS-BASED RESIDENTIAL/EDUCATION: ACROSS ITS 15 CENTERS, DEVEREUX PROVIDES A SPECTRUM OF CAMPUS-BASED RESIDENTIAL SERVICES INCLUDING RESIDENTIAL TREATMENT FOR THE AUTISTIC SPECTRUM OF DISORDERS, SUBSTANCE ABUSE TREATMENT, AND INCLUDING SUCH CHALLENGING SERVICES AS TREATMENT FOR ADOLESCENT SEXUAL OFFENDERS. DEVEREUX OFFERS AGE-APPROPRIATE EDUCATIONAL SERVICES FOR STUDENTS IN ITS RESIDENTIAL PROGRAMS. THESE STUDENTS MAY BE IN TREATMENT FOR MENTAL/EMOTIONAL DISORDERS, BEHAVIORAL DISORDERS, LEARNING DISABILITIES AND INTELLECTUAL AND DEVELOPMENTAL DISORDERS. THE FOCUS OF THESE PROGRAMS IS TO ENSURE THE PROVISION OF HIGH-QUALITY SERVICES AND RESOURCES IN A SAFE AND SUPPORTING ENVIRONMENT. THE AVERAGE NUMBER OF CLIENTS SERVED BY THESE PROGRAMS WAS APPROXIMATELY 1,371 FOR YEAR ENDING JUNE 30, 2018. EXPENSES DO NOT INCLUDE MANAGEMENT AND GENERAL EXPENSES IN THE AMOUNT OF \$24,570,031.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ACUTE CARE		10,841,694.	11,818,240.
OUTPATIENT/OTHER SERVICES		26,012,002.	27,852,804.
CASE MANAGEMENT		19,287,593.	19,305,807.
TOTALS		56,141,289.	58,976,851.

Name of the organization	Employer identification number
THE DEVEREUX FOUNDATION	23-1390618
ATTACHMENT 4	

FORM 990, PART VI, LINE 17 - STATES

AZ, CA, CO, CT, DE,

FL, GA, MA, MI,

NJ, NY, PA,

RI, TX, WA,

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RESTORE OT, PT + SLPPC 81 MOWHAWK STREET COHOES, NY 12047	ANCILLARY THERAPIES	1,046,071.
ERNST & YOUNG LLP 2005 MARKET STREET SUITE 700 PHILADELPHIA, PA 19103	AUDITING	492,885.
ROBERT SHUCH, DO 1111 W ASTER DR PHOENIX, AZ 85029	PSYCHIATRIC SERVICES	333,600.
SAMUEL MCCLURE, MD 828 E WASHINGTON ST ORLANDO, FL 32801	PSYCHIATRIC SERVICES	304,150.
INTEGRATED PSYCHIATRY OF SOUTHERN AZ 505 N ALVERNON WAY TUCSON, AZ 85711	PSYCHIATRIC SERVICES	328,460.

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PA GALA	431,284.
MA GALA	60,868.
PA GOLF	154,251.

Name of the organization	Employer identification number
THE DEVEREUX FOUNDATION	23-1390618

ATTACHMENT 6 (CONT'D)

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CT EVENING IN MANHATTAN	138,035.
NJ DINNER DANCE	87,572.
CT 50TH JUBILEE GALA	121,159.
GA HOPE EVENT	62,409.
AZ GALA	78,169.
CT PARENTS WEEKEND	69,430.
TX YAWL KETCH THE SPIRIT EVENT	17,142.
NJ FOOD & WINE EVENT	8,090.
AZ KIDS ROCK	10,451.
AZ INDULGE EVENT	10,600.
TX DIVOTS FOR DEVEREUX	2,201.
PA YOUNG FRIENDS EVENT	3,890.
TOTAL	<u>1,255,551.</u>

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
PA GALA	246,153.	322,492.	-76,339.
MA GALA	338,968.	84,692.	254,276.
PA GOLF	109,441.	112,502.	-3,061.
CT EVENING IN MANHATTAN	21,040.	52,960.	-31,920.
NJ DINNER DANCE	59,858.	61,446.	-1,588.
CT 50TH JUBILEE GALA	5,920.	70,279.	-64,359.
GA HOPE EVENT	25,682.	18,069.	7,613.

Name of the organization

THE DEVEREUX FOUNDATION

Employer identification number

23-1390618

ATTACHMENT 7 (CONT'D)FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
AZ GALA	8,930.	42,393.	-33,463.
CT PARENTS WEEKEND	15,891.	13,089.	2,802.
TX YAWL KETCH THE SPIRIT EVENT	12,874.	9,064.	3,810.
NJ FOOD & WINE EVENT	8,060.	8,983.	-923.
AZ KIDS ROCK	1,470.	10,923.	-9,453.
AZ INDULGE EVENT	700.		700.
TX DIVOTS FOR DEVEREUX	8,500.		8,500.
PA YOUNG FRIENDS EVENT	5,947.	13,346.	-7,399.
TOTALS	<u>869,434.</u>	<u>820,238.</u>	<u>49,196.</u>

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DEVEREUX CLEO WALLACE 84-0406820 8405 CHURCH RANCH BLVD WESTMINSTER, CO 80021	MENTAL HLTH	CO	501(C)(3)	7	DEV FOUNDATN	X	
(2) DEVEREUX CLEO WALLACE FOUNDATION 74-2277635 C/O DEV FOUND 2012 RENAISSANCE KING OF PRUSSIA, PA 19406	SUPPORT ORG	CO	501(C)(3)	11-I	CLEO WALLACE	X	
(3) THE HELENA DEVEREUX FOUNDATION 30-0034707 444 DEVEREUX DRIVE VILLANOVA, PA 19085	SUPPORT ORG	PA	501(C)(3)	11-I	DEV FOUND	X	
(4) DEVEREUX PROFESSIONAL GROUP 74-0406760 C O DEVEREUX TX 1150 DEVEREUX LEAGUE CITY, TX 77573	INACTIVE	TX	501(C)(3)	11-I	DEV FOUND	X	
(5) DEVEREUX KIDS INC 59-3593023 5850 TG LEE BLVD STE 400 ORLANDO, FL 32822	INACTIVE	FL	501(C)(3)	7	DEV FOUND	X	
(6) COMMUNITIES CONNECTED FOR KIDS, INC. 46-0908479 10570 S FEDERAL HIGHWAY SUITE PORT ST. LUCIE, FL 34952	CHILD WELFARE	FL	501(C)3	7	N/A		X
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

JSA

7E1307 1.000

35205X A86H

V 17-7.10

DEVEREUX

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) QUALITYHEALTHSTAFFING LLC 82-4 2012 RENAISSANCE BLVD. KING OF	STAFFING	PA	DEVEREUX	RELATED	0.	0.		X		X		60.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) DEVEREUX PROPERTIES INC 23-1682903 PO BOX 638 VILLANOVA, PA 19085	INACTIVE	PA	DEVEREUX FOUND	C CORP					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE HELENA DEVEREUX FOUNDATION	C	5,572,695.	BOOK VALUE
(2) DEVEREUX CLEO WALLACE	L	593,607.	BOOK VALUE
(3) THE HELENA DEVEREUX FOUNDATION	L	131,146.	BOOK VALUE
(4) DEVEREUX CLEO WALLACE	B	101,788.	BOOK VALUE
(5) THE HELENA DEVEREUX FOUNDATION	B	1,085,551.	BOOK VALUE
(6) THE HELENA DEVEREUX FOUNDATION	E	1,500,000.	BOOK VALUE

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R

HDF IS A RECOGNIZED 509(A) (3) SUPPORTING ORGANIZATION OF DEVEREUX, FORMED TO MANAGE AND INVEST ENDOWMENT FUNDS TO SUPPORT DEVEREUX'S ACTIVITIES. ITS BOARD OF TRUSTEES CONSISTS OF MEMBERS OF DEVEREUX'S BOARD. THE FOLLOWING OFFICERS OF DEVEREUX ARE OFFICERS OF HDF IN THE CAPACITIES GIVEN: CARL E. CLARK, PRESIDENT ROBERT C. DUNNE, SR. VICE PRESIDENT & CFO, RENEE MARTIN, SR. VICE PRESIDENT, GENERAL COUNSEL & SECRETARY, AND FRAN WAGNER, VICE PRESIDENT FOR AUDIT AND COMPLIANCE HDF DOES NOT MAINTAIN SEPARATE FACILITIES AND OPERATES AT ONE OF DEVEREUX'S TWO CORPORATE SITES, AT 444 DEVEREUX DRIVE, VILLANOVA, PA 19085. DEVEREUX HAS ADOPTED A SPENDING RULE POLICY UNDER WHICH IS EQUIVALENT TO APPROXIMATELY 4.5% OF THE ENDOWMENT HELD BY HDF IS SPENT TO SUPPORT OPERATIONS. UNDER THIS POLICY, HDF TRANSFERRED \$5,572,695 TO DEVEREUX DURING THE YEAR.

PART V 2

DEVEREUX BORROWED A TOTAL OF \$4,500,000 IN 2011 AND 2012 FROM HDF TO FINANCE THE EXPANSION OF ITS NEW YORK CAMPUS AND \$1,500,000 IN 2018 TO FINANCE THE RENOVATION OF A FACILITY ON DEVEREUX'S PA CIDD'S CAMPUS. AS OF 6/30/2018, \$1,209,256 OF THE TOTAL \$6,000,000 LOANED HAS BEEN REPAYED TO HDF. DEVEREUX PAID HDF \$186,146 IN INTEREST DURING FY 18 RELATED TO THIS LOAN. DEVEREUX PROVIDES ADVANCES TO DEVEREUX CLEO WALLACE IN THE ORDINARY COURSE OF BUSINESS AS CASH IS MANAGED ON A CONSOLIDATED BASIS. AS OF JUNE 30, 2018, DEVEREUX HAD NET ADVANCES OUTSTANDING TO DEVEREUX CLEO WALLACE OF \$3,262,328. THESE ADVANCES BEAR INTEREST AT A RATE OF 3.09025%.ADVANCES BEAR INTEREST AT A RATE OF 3.09025%.

RENT AND ROYALTY INCOME

Taxpayer's Name THE DEVEREUX FOUNDATION						Identifying Number 23-1390618			
DESCRIPTION OF PROPERTY AZ WIRELESS TOWER									
<input type="checkbox"/> Yes <input type="checkbox"/> No Did you actively participate in the operation of the activity during the tax year?									
TYPE OF PROPERTY:									
REAL RENTAL INCOME									
OTHER INCOME:									
ALLTEL AND NEXTEL TOWER RENTAL INCOME						43,426.			
TOTAL GROSS INCOME								43,426.	
OTHER EXPENSES:									
SEE ATTACHMENT									
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									
TOTAL RENT OR ROYALTY INCOME (LOSS)								43,426.	
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)								43,426.	
Deductible Rental Loss (if Applicable)									
SCHEDULE FOR DEPRECIATION CLAIMED									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

ALLTEL AND NEXTEL TOWER RENTAL INCOME

43,426.43,426.

OTHER DEDUCTIONS

RENT AND ROYALTY INCOME

Taxpayer's Name		Identifying Number
THE DEVEREUX FOUNDATION		23-1390618
DESCRIPTION OF PROPERTY		
GA WIRELESS TOWER		
<input type="checkbox"/>	Yes	No
Did you actively participate in the operation of the activity during the tax year?		
TYPE OF PROPERTY:		
REAL RENTAL INCOME		
OTHER INCOME:		
RENTAL FOR WIRELESS TOWER		19,563.
TOTAL GROSS INCOME		19,563.
OTHER EXPENSES:		
SEE ATTACHMENT		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		19,563.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		19,563.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL FOR WIRELESS TOWER

19,563.
19,563.

OTHER DEDUCTIONS

RENT AND ROYALTY INCOME

Taxpayer's Name THE DEVEREUX FOUNDATION							Identifying Number 23-1390618												
DESCRIPTION OF PROPERTY CA OFF CAMPUS RENTAL PROPERTIES																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td colspan="8">Did you actively participate in the operation of the activity during the tax year?</td> </tr> </table>										Yes	No	Did you actively participate in the operation of the activity during the tax year?							
Yes	No	Did you actively participate in the operation of the activity during the tax year?																	
TYPE OF PROPERTY:																			
REAL RENTAL INCOME																			
OTHER INCOME: 2 OFF CAMPUS RENTAL PROPERTIES							5,846.												
TOTAL GROSS INCOME									5,846.										
OTHER EXPENSES: SEE ATTACHMENT																			
DEPRECIATION (SHOWN BELOW)																			
LESS: Beneficiary's Portion																			
AMORTIZATION																			
LESS: Beneficiary's Portion																			
DEPLETION																			
LESS: Beneficiary's Portion																			
TOTAL EXPENSES																			
TOTAL RENT OR ROYALTY INCOME (LOSS)									5,846.										
Less Amount to																			
Rent or Royalty																			
Depreciation																			
Depletion																			
Investment Interest Expense																			
Other Expenses																			
Net Income (Loss) to Others																			
Net Rent or Royalty Income (Loss)									5,846.										
Deductible Rental Loss (if Applicable)																			
SCHEDULE FOR DEPRECIATION CLAIMED																			
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year										
Totals																			

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

2 OFF CAMPUS RENTAL PROPERTIES

5,846.
5,846.

OTHER DEDUCTIONS

Taxpayer's Name THE DEVEREUX FOUNDATION							Identifying Number 23-1390618		
DESCRIPTION OF PROPERTY LEASE OF PROPERTY IN RI									
		Yes	No	Did you actively participate in the operation of the activity during the tax year?					
TYPE OF PROPERTY:									
REAL RENTAL INCOME									
OTHER INCOME:									
RENTAL INCOME FOR LEASE OF PROPERTY							1,000.		
TOTAL GROSS INCOME									1,000.
OTHER EXPENSES:									
SEE ATTACHMENT									
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									
TOTAL RENT OR ROYALTY INCOME (LOSS)							1,000.		
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)							1,000.		
Deductible Rental Loss (if Applicable)									
SCHEDULE FOR DEPRECIATION CLAIMED									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME FOR LEASE OF PROPERTY

1,000.
1,000.

OTHER DEDUCTIONS

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
AZ WIRELESS TOWER	43,426.			43,426.
GA WIRELESS TOWER	19,563.			19,563.
CA OFF CAMPUS RENTAL	5,846.			5,846.
LEASE OF PROPERTY IN	1,000.			1,000.
TOTALS	<u>69,835.</u>			<u>69,835.</u>

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

- ▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2017

Name of estate or trust

Employer identification number

THE DEVEREUX FOUNDATION

23-1390618

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2016 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back.				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	57,945.	56,220.		1,725.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2016 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back.				16 1,725.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2017

Part III Summary of Parts I and II**Caution:** Read the instructions *before* completing this part.

	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17		
18 Net long-term gain or (loss):			
a Total for year	18a		1,725.
b Unrecaptured section 1250 gain (see line 18 of the wrksh.)	18b		
c 28% rate gain	18c		
19 Total net gain or (loss). Combine lines 17 and 18a. ▶	19		1,725.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	20	()
a The loss on line 19, column (3) or b \$3,000		

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34). . .	21		
22 Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . .	23		
24 Add lines 22 and 23	24		
25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-. . . ▶	25		
26 Subtract line 25 from line 24. If zero or less, enter -0-	26		
27 Subtract line 26 from line 21. If zero or less, enter -0-	27		
28 Enter the smaller of the amount on line 21 or \$2,550	28		
29 Enter the smaller of the amount on line 27 or line 28	29		
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶	30		
31 Enter the smaller of line 21 or line 26	31		
32 Subtract line 30 from line 26.	32		
33 Enter the smaller of line 21 or \$12,500.	33		
34 Add lines 27 and 30	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		
36 Enter the smaller of line 32 or line 35.	36		
37 Multiply line 36 by 15% (0.15) ▶	37		
38 Enter the amount from line 31	38		
39 Add lines 30 and 36	39		
40 Subtract line 39 from line 38. If zero or less, enter -0-	40		
41 Multiply line 40 by 20% (0.20) ▶	41		
42 Figure the tax on the amount on line 27. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
43 Add lines 37, 41, and 42	43		
44 Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶	45		

Schedule D (Form 1041) 2017

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

THE DEVEREUX FOUNDATION

23-1390618

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	US TREASURY INFLATION INDEX		02/27/2018	57,945.	56,220.			1,725.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)▶			57,945.	56,220.			1,725.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ **Attach to your tax return.**

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2017

Attachment
Sequence No. **27**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

THE DEVEREUX FOUNDATION

Identifying number

23-1390618

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

•

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

ATTACHMENT 1						-393,985.
11 Loss, if any, from line 7						11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable.						12
13 Gain, if any, from line 31						13
14 Net gain or (loss) from Form 4684, lines 31 and 38a.						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16.						17 -393,985.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:						
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions						18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2017)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable.	22			
23	Adjusted basis. Subtract line 22 from line 21.	23			
24	Total gain. Subtract line 23 from line 20.	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d.	26e			
f	Section 291 amount (corporations only).	26f			
g	Add lines 26b, 26e, and 26f.	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Form **4797** (2017)

THE DEVEREUX FOUNDATION
Supplement to Form 4797 Part II Detail

23-1390618
ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
LASER JET PRINTER	08/01/1992	09/26/2017		418.	425.	-7.
COMPUTER NETWORK SER	08/01/1992	09/26/2017		2,394.	2,435.	-41.
93 FORD TAURUS	01/01/1993	09/26/2017		13,856.	14,156.	-300.
93 DODGE 4X4 P/U	04/01/1993	09/26/2017		15,855.	16,355.	-500.
96' DODGE CARAVAN	03/05/1996	09/26/2017		19,277.	19,577.	-300.
DODGE 2500 4X4 HD	12/19/1996	10/27/2017		25,408.	25,908.	-500.
GAS CHLORINATOR	03/19/1997	06/30/2018		759.	893.	-134.
SEEEPER	03/12/1997	09/26/2017		1,554.	1,895.	-341.
95 DODGE RAM 1500	12/16/1997	07/20/2017	100.	9,788.	10,288.	-400.
1997 DODGE 15	01/30/1998	09/26/2017		18,969.	19,469.	-500.
WORKSTATION	02/04/1998	12/29/2017		119.	120.	-1.
WORKSTATION	02/04/1998	12/29/2017		119.	120.	-1.
METAL DOORS	06/08/1998	09/26/2017		3,643.	3,785.	-142.
BLUEPRINTS ON MODULA	08/07/1998	12/29/2017		464.	600.	-136.
BLUEPRINTS ON MODULA	08/07/1998	12/29/2017		464.	600.	-136.
3-SHELF METAL BOOKCA	08/14/1998	12/29/2017		407.	421.	-14.
DOUBLE PEDESTAL MAHO	08/14/1998	12/29/2017		740.	765.	-25.
OVER-STORAGE HUTCH	08/14/1998	12/29/2017		403.	417.	-14.
STUDENT DESK	09/30/1998	12/29/2017		1,728.	1,796.	-68.
STUDENT DESK & CHAIR	09/30/1998	12/29/2017		1,728.	1,796.	-68.
TEACHERS DESKS	10/09/1998	12/29/2017		2,178.	2,273.	-95.
30X60 DESK	10/09/1998	12/29/2017		462.	482.	-20.
30X60 DESK	10/09/1998	12/29/2017		416.	434.	-18.
48X24 RETURN	10/09/1998	12/29/2017		295.	308.	-13.
THREE SHELF BOOKCASE	10/09/1998	12/29/2017		229.	239.	-10.
CHAIRDESK, OAK LAMIN	03/31/1999	06/30/2018		1,275.	1,324.	-49.
1999 DODGE CARAVAN	05/28/1999	09/26/2017		15,677.	16,177.	-500.
1999 GREEN VAN ASTRO	06/30/1999	10/27/2017		24,488.	24,988.	-500.
FOUR SHELF BOOKCASES	07/16/1999	12/29/2017		1,269.	1,378.	-109.
FILE STORAGE DRAWER	02/29/2000	06/30/2018		1,571.	1,714.	-143.
FRONT DOORS	02/26/2001	09/26/2017		814.	982.	-168.
CHEVROLET 87 PICK UP	10/01/1987	10/27/2017		14,750.	15,250.	-500.
KRONOS TIMECLOCKS	11/30/2013	06/30/2018		2,098.	2,289.	-191.
KRONOS TIMECLOCKS	11/30/2013	06/30/2018		2,098.	2,289.	-191.
KRONOS TIMECLOCKS	11/30/2013	06/30/2018		2,098.	2,289.	-191.
Totals						-393,985.

THE DEVEREUX FOUNDATION
Supplement to Form 4797 Part II Detail

23-1390618

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
KRONOS TIMECLOCKS	11/30/2013	06/30/2018		2,098.	2,289.	-191.
KRONOS TIMECLOCKS	04/14/2014	06/30/2018		2,176.	2,611.	-435.
KRONOS TIMECLOCKS	04/14/2014	06/30/2018		2,176.	2,611.	-435.
KRONOS TIMECLOCKS	04/14/2014	06/30/2018		2,176.	2,611.	-435.
THINKPAD L440	10/19/2015	08/29/2017		492.	805.	-313.
2010 DODGE GRAND CAR	05/26/2010	02/28/2018	500.	17,653.	17,953.	200.
KRONOS TIMECLOCKS	07/21/2015	09/20/2017		964.	2,223.	-1,259.
2003 FORD WINSTAR LX	08/21/2003	10/19/2017		21,837.	22,237.	-400.
TRACTOR/W 60" MWR	05/31/2005	09/30/2017	2,200.	18,087.	18,087.	2,200.
2011 CHEVY SUBURBAN	06/20/2011	05/31/2018	17,000.	31,230.	31,730.	16,500.
OFFICE FURNITURE	07/28/2000	12/29/2017		2,603.	2,990.	-387.
OFFICE FURNITURE	07/14/2000	12/29/2017		963.	1,105.	-142.
BOOKCASES	07/31/2003	12/29/2017		271.	282.	-11.
2005 DODGE CARAVAN	01/04/2006	12/31/2017	147.	15,550.	15,850.	-153.
2008 FORD E-350 VAN	04/24/2008	02/28/2018	500.	20,868.	21,268.	100.
2009 SONATA HYUNDAI	11/20/2008	04/26/2018	325.	14,483.	14,843.	-35.
2012 DODGE CARAVAN	10/31/2014	12/31/2017	749.	14,399.	14,399.	749.
2013 DODGE CARAVAN	11/30/2014	02/28/2018	500.	15,239.	15,239.	500.
IPAD	05/21/2015	08/28/2017	275.	659.	879.	55.
SERVER ROOM - 1.5 TO	09/26/2016	12/31/2017		1,322.	5,289.	-3,967.
2003 DODGE RAM	10/02/2003	11/13/2017		20,204.	20,604.	-400.
TABLE, TRESTLE-LEG 6	03/31/2017	11/22/2017		108.	813.	-705.
AWNINGS	09/26/2012	11/15/2017		2,933.	3,200.	-267.
DINING ROOM FLOOR	07/31/2013	11/15/2017		8,703.	23,208.	-14,505.
BATHROOM PLUMBING	02/21/2013	11/15/2017		1,283.	3,080.	-1,797.
HVAC SYSTEM	06/02/2009	11/15/2017		62,434.	119,555.	-57,121.
KITCHEN RENOVATIONS	06/02/2009	11/15/2017		10,623.	13,561.	-2,938.
2011 TOYOTA SIENNA V	02/18/2011	12/31/2017	2,750.	25,128.	25,528.	2,350.
2014 TOYOTA SIENNA V	11/30/2014	01/31/2018	3,000.	25,495.	32,204.	-3,709.
TANNER HILL FURNITUR	04/01/2015	04/26/2018		2,376.	3,960.	-1,584.
CHRYSLER VAN	09/14/2001	10/27/2017		17,835.	18,235.	-400.
2005 CHRYSLER VAN	06/16/2004	11/22/2017		20,040.	20,440.	-400.
2006 FORD ECONO E350	07/24/2006	10/27/2017		18,892.	19,292.	-400.
2004 FORD FREESTAR S	07/24/2006	10/27/2017		14,952.	15,252.	-300.
2006 PONTIAC SV 6	06/30/2006	10/27/2017		24,600.	25,000.	-400.
Totals						

THE DEVEREUX FOUNDATION
Supplement to Form 4797 Part II Detail

23-1390618

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
2007 CHRYSLER TOWN &	07/20/2007	10/27/2017		17,993.	18,393.	-400.
2007 CHRYSLER TOWN &	02/22/2007	08/30/2017		17,583.	17,983.	-400.
2007 CHRYSLER TOWN &	02/22/2007	10/27/2017		17,583.	17,983.	-400.
2006 CHRYSLER TOWN &	08/30/2006	08/30/2017		17,400.	17,800.	-400.
2006 CHRYSLER TOWN &	09/25/2006	10/27/2017		17,400.	17,800.	-400.
2006 CHRYSLER TOWN &	09/25/2006	10/27/2017		17,400.	17,800.	-400.
2006 CHRYSLER TOWN &	09/25/2006	12/31/2017		17,400.	17,800.	-400.
2006 CHRYSLER TOWN &	09/25/2006	08/30/2017		17,400.	17,800.	-400.
2006 CHRYSLER TOWN &	09/25/2006	10/27/2017		17,400.	17,800.	-400.
2006 CHRYSLER TOWN &	09/29/2006	10/27/2017		17,400.	17,800.	-400.
2007 CHRYSLER TOWN &	04/20/2007	12/31/2017		18,040.	18,440.	-400.
2007 CHRYSLER TOWN &	08/20/2007	10/27/2017		17,993.	18,393.	-400.
2007 CHRYSLER TOWN &	08/20/2007	10/27/2017		17,993.	18,393.	-400.
2007 DODGE DURANGO	08/20/2007	10/27/2017		23,593.	23,993.	-400.
2007 CHRYSLER TOWN &	08/30/2007	11/22/2017		18,001.	18,401.	-400.
ID BADGE SOFTWARE	01/31/2008	03/31/2018		355.	3,196.	-2,841.
2008 FORD E350 VAN	05/31/2008	08/31/2017	11,190.	41,561.	41,561.	11,190.
2008 DODGE CARAVAN	06/17/2008	08/30/2017		19,571.	19,971.	-400.
2008 DODGE CARAVAN	08/18/2008	10/27/2017		19,571.	19,971.	-400.
KRONOS TIMECLOCKS	10/20/2008	04/20/2018		8,472.	8,918.	-446.
2008 CHEVROLET HHR	06/25/2009	10/27/2017		13,400.	13,600.	-200.
KRONOS TIMECLOCKS	11/23/2009	04/20/2018		2,520.	2,994.	-474.
KRONOS TIMECLOCKS	08/24/2010	04/20/2018		2,393.	3,121.	-728.
2011 DODGE CARAVAN	04/22/2011	12/31/2017		23,595.	23,995.	-400.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		4,094.	6,219.	-2,125.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,068.	3,102.	-1,034.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
Totals						

THE DEVEREUX FOUNDATION
Supplement to Form 4797 Part II Detail

23-1390618

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,068.	3,102.	-1,034.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,068.	3,102.	-1,034.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	03/31/2018		2,042.	3,102.	-1,060.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,069.	3,103.	-1,034.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,069.	3,103.	-1,034.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,069.	3,103.	-1,034.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,069.	3,103.	-1,034.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,069.	3,103.	-1,034.
KRONOS TIMECLOCKS	08/18/2011	04/20/2018		2,081.	3,121.	-1,040.
VOICE MAIL SYSTEM	05/11/2012	04/20/2018		930.	1,573.	-643.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,839.	3,559.	-1,720.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,839.	3,559.	-1,720.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,839.	3,559.	-1,720.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,839.	3,559.	-1,720.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,839.	3,559.	-1,720.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,868.	3,559.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,868.	3,559.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,868.	3,559.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,868.	3,559.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,873.	3,568.	-1,695.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,873.	3,568.	-1,695.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,869.	3,560.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,869.	3,560.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,869.	3,560.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,869.	3,560.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,869.	3,560.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,869.	3,560.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	04/20/2018		1,869.	3,560.	-1,691.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,840.	3,561.	-1,721.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,840.	3,561.	-1,721.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,840.	3,561.	-1,721.
KRONOS TIMECLOCKS	01/28/2013	03/31/2018		1,840.	3,561.	-1,721.
KRONOS TIMECLOCKS	12/31/2012	04/20/2018		1,899.	3,561.	-1,662.
Totals						

THE DEVEREUX FOUNDATION
Supplement to Form 4797 Part II Detail

23-1390618

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
KRONOS TIMECLOCKS	12/31/2012	04/20/2018		1,899.	3,561.	-1,662.
KRONOS TIMECLOCKS	11/18/2014	04/20/2018		1,120.	3,279.	-2,159.
KRONOS TIMECLOCKS	11/18/2014	04/20/2018		1,120.	3,279.	-2,159.
KRONOS TIMECLOCKS	11/18/2014	03/31/2018		1,093.	3,279.	-2,186.
KRONOS TIMECLOCKS	11/18/2014	04/20/2018		1,120.	3,279.	-2,159.
KRONOS TIMECLOCKS	11/18/2014	03/31/2018		1,093.	3,279.	-2,186.
KRONOS TIMECLOCKS	11/18/2014	03/31/2018		1,093.	3,279.	-2,186.
KRONOS TIMECLOCKS	11/18/2014	03/31/2018		1,093.	3,279.	-2,186.
KRONOS TIMECLOCKS	11/18/2014	03/31/2018		1,093.	3,279.	-2,186.
KRONOS TIMECLOCKS	02/28/2015	04/20/2018		251.	396.	-145.
KRONOS TIMECLOCKS	02/28/2015	04/20/2018		251.	396.	-145.
KRONOS TIMECLOCKS	02/28/2015	03/31/2018		244.	396.	-152.
KRONOS TIMECLOCKS	02/28/2015	04/20/2018		251.	396.	-145.
KRONOS TIMECLOCKS	02/28/2015	03/31/2018		244.	396.	-152.
KRONOS TIMECLOCKS	02/28/2015	03/31/2018		244.	396.	-152.
KRONOS TIMECLOCKS	02/28/2015	03/31/2018		244.	396.	-152.
KRONOS TIMECLOCKS	02/28/2015	03/31/2018		244.	396.	-152.
2005 DODGE CARAVAN	11/20/2007	05/31/2018	239.	3,058.	3,358.	-61.
2005 DODGE CARAVAN	11/20/2007	05/31/2018	266.	3,058.	3,358.	-34.
2005 DODGE CARAVAN	11/20/2007	05/31/2018	257.	3,058.	3,358.	-43.
TIME & ATTENDANCE SY	10/23/2013	06/25/2018		26,341.	56,446.	-30,105.
2005 DODGE CARAVAN	07/26/2004	09/26/2017		19,975.	20,375.	-400.
2005 DODGE CARAVAN	08/15/2005	09/26/2017		16,464.	16,864.	-400.
2011 FORD BRAUN VAN	12/17/2010	09/28/2017		33,782.	34,182.	-400.
2011 FORD BRAUN VAN	12/17/2010	09/25/2017		8,446.	8,546.	-100.
2008 DODGE GRAND CAR	07/31/2011	05/24/2018	500.	14,689.	14,989.	200.
2008 DODGE GRAND CAR	03/22/2013	05/24/2018	500.	15,129.	15,129.	500.
VAN TRANSMISSION	10/29/2014	09/25/2017		4,191.	4,311.	-120.
2014 FORD FUSION	06/30/2015	12/13/2017		14,669.	17,603.	-2,934.
QUAD CAB 1999 DODGE	03/09/2001	05/22/2018	540.	15,553.	16,053.	40.
2-STAGE HYDRONIC OUT	07/27/2001	09/26/2017		3,476.	4,301.	-825.
2001 DODGE CARAVAN	08/10/2001	09/26/2017		19,210.	19,610.	-400.
2002 CHRYSLER MINI V	06/14/2002	07/20/2017	100.	23,709.	23,709.	100.
2003 CHEVY G1500 VAN	01/24/2003	05/22/2018	2,500.	6,953.	6,953.	2,500.
2002 DODGE RAM-12 PA	02/19/2003	07/20/2017	100.	15,814.	15,814.	100.
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Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
CONDENSING UNIT	06/30/2003	09/26/2017		5,985.	6,300.	-315.
HVAC COMPRESSOR	07/24/2003	06/30/2018		3,595.	3,615.	-20.
7.5 TON EVAPORATOR C	10/31/2003	06/30/2018		2,040.	2,086.	-46.
HVAC EQUIPMENT	11/25/2003	06/30/2018		4,642.	4,775.	-133.
2003 GMC SAVANA VAN	01/30/2004	09/26/2017		19,407.	19,807.	-400.
BOOKCASE	05/26/2004	09/26/2017		141.	211.	-70.
LEFT RETURN	02/20/2004	09/26/2017		221.	326.	-105.
FILING CABINET	02/20/2004	09/26/2017		310.	343.	-33.
OAK DESK	02/20/2004	09/26/2017		309.	455.	-146.
4 STALL FRONTS	03/31/2004	06/30/2018		1,092.	1,150.	-58.
ELECTRICAL RUNS	06/23/2004	06/30/2018		1,307.	1,867.	-560.
CONDENSING UNIT	06/24/2004	06/30/2018		1,428.	1,530.	-102.
CORNER DESK	01/12/2005	09/26/2017		599.	710.	-111.
MOBILE FULL HEIGHT P	01/12/2005	09/26/2017		225.	267.	-42.
LATERAL FILE	01/12/2005	09/26/2017		364.	431.	-67.
CREDENZA SHELL	01/12/2005	09/26/2017		402.	476.	-74.
PORTA SYSTEM	12/22/2004	06/30/2018		2,342.	2,603.	-261.
KEYBOARD PLATFORM	01/05/2005	06/30/2018		53.	79.	-26.
2.5 TON CONDENSING U	03/09/2005	06/30/2018		919.	1,040.	-121.
HOUSE RENOVATIONS	08/24/2005	09/26/2017		4,722.	5,861.	-1,139.
BUILDING RENOVATIONS	10/31/2005	09/26/2017		11,595.	14,595.	-3,000.
3 TRANSOM HEADERS	12/31/2005	06/30/2018		1,764.	2,116.	-352.
1995 DODGE 3/4 TON D	01/20/2006	07/20/2017	100.	13,583.	13,883.	-200.
2006 CHRYSLER MINI V	12/30/2005	06/30/2018		22,869.	23,269.	-400.
2006 CHEVROLET EXPRE	09/29/2006	04/23/2018	1,000.	19,123.	19,123.	1,000.
FENCING	09/27/2007	06/30/2018		2,225.	3,105.	-880.
DINING HALL & ADMIN	12/23/2009	06/30/2018		34,850.	61,500.	-26,650.
SHOWER RENOVATIONS	12/23/2009	06/30/2018		502.	885.	-383.
2008 DODGE GRAND CAR	03/20/2008	06/30/2018		21,089.	21,489.	-400.
2008 DODGE GRAND CAR	03/20/2008	07/20/2017	250.	21,490.	21,890.	-150.
7.5 TON AIR HANDLER	12/16/2008	06/30/2018		6,574.	6,920.	-346.
VINYL FLOOR	11/25/2008	06/30/2018		2,653.	2,768.	-115.
25 TON GAS HEAT/AIR	01/31/2009	09/26/2017		15,470.	17,850.	-2,380.
2008 FORD FOCUS	04/30/2009	06/30/2018		10,802.	11,102.	-300.
2008 DODGE AVENGER	04/30/2009	07/20/2017	250.	11,816.	12,116.	-50.
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ROOF RANCH HOUSE	06/30/2010	09/26/2017		5,175.	7,137.	-1,962.
PLAYGROUND EQUIPMENT	12/17/2010	06/30/2018		3,967.	5,290.	-1,323.
12.5 TON A/C UNIT	06/30/2011	06/30/2018		8,302.	11,860.	-3,558.
ROOF	11/25/2011	06/30/2018		8,229.	12,500.	-4,271.
2001 FORD TRANSIT 10	09/19/2011	04/23/2018	1,200.	7,863.	8,063.	1,000.
2001 FORD TRANSIT 16	09/19/2011	07/20/2017	1,000.	7,656.	7,856.	800.
2009 NISSAN VERSA	10/24/2011	05/22/2018	950.	11,851.	12,151.	650.
2007 FORD RANGER	02/17/2012	05/22/2018	500.	8,853.	8,853.	500.
ANDERSON HVAC	07/29/2013	06/30/2018		1,770.	1,800.	-30.
ANDERSON HVAC	08/28/2013	06/30/2018		1,740.	1,800.	-60.
ANDERSON HVAC	07/29/2013	06/30/2018		1,770.	1,800.	-30.
ANDERSON HVAC	08/28/2013	06/30/2018		1,740.	1,800.	-60.
ANDERSON HVAC	07/29/2013	06/30/2018		1,770.	1,800.	-30.
KRONOS TIMECLOCKS	03/31/2015	06/30/2018		974.	2,996.	-2,022.
KRONOS TIMECLOCKS	03/31/2015	06/30/2018		974.	2,996.	-2,022.
2017 DODGE GRAND CAR	06/22/2017	06/30/2018		9,048.	36,190.	-27,142.
2016 GRAND CARAVAN	06/22/2017	09/26/2017		1,149.	18,385.	-17,236.
65" LED TV W/ WALL	03/31/2017	06/30/2018		378.	1,813.	-1,435.
DESKS W/WALL UNITS	01/19/2001	09/29/2017		3,597.	4,316.	-719.
SINGLE PED DESK	02/22/2005	06/30/2018		710.	1,065.	-355.
RT PEDESTAL CREDENZA	02/22/2005	06/30/2018		956.	1,076.	-120.
CENTER DRAWER	02/22/2005	06/30/2018		130.	146.	-16.
BOOKCASE	02/22/2005	06/30/2018		585.	878.	-293.
BRIDGE UNIT 42"X24"	02/22/2005	06/30/2018		307.	346.	-39.
PASSAGE SETS DOOR LA	10/16/2003	06/30/2018		1,066.	1,090.	-24.
2005 DODGE CARAVAN	02/04/2005	10/13/2017	200.	22,928.	23,328.	-200.
FOLDING/PARTITION WA	06/20/2005	06/30/2018		7,912.	9,167.	-1,255.
FIREKING SAFE	02/17/2006	09/29/2017		1,626.	2,807.	-1,181.
2006 TOWN & COUNTRY	07/24/2006	09/29/2017		21,574.	21,974.	-400.
MAYTAG DRYER	11/22/2006	06/30/2018		775.	775.	
2006 CHRYSLER TOWN &	11/30/2006	09/29/2017		21,812.	22,212.	-400.
2006 CHRYSLER T & C	01/24/2007	09/29/2017		21,812.	22,212.	-400.
FURNANCE & EVAPORATO	03/31/2008	06/30/2018		5,456.	7,985.	-2,529.
2010 CHRYSLER TOWN &	06/16/2010	09/29/2017		23,928.	24,328.	-400.
2011 CHRYSLER TOWN &	03/30/2011	09/29/2017		27,264.	27,664.	-400.
Totals						

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CARPET	08/20/2012	09/29/2017		7,991.	28,204.	-20,213.
FURNITURE	05/20/2013	09/29/2017		2,344.	2,705.	-361.
NIGHTSTAND/BEDS/DESK	08/20/2013	09/29/2017		30,289.	37,089.	-6,800.
CHAIRS	08/28/2013	09/29/2017		4,202.	5,145.	-943.
CARPET	06/21/2013	09/29/2017		22,169.	26,081.	-3,912.
CHAIRS	08/28/2014	09/29/2017		4,042.	6,554.	-2,512.
CARPET	07/25/2014	09/29/2017		22,103.	34,900.	-12,797.
SCHOOL CARPET	09/26/2013	09/29/2017		48,206.	60,257.	-12,051.
DINING TABLES	07/21/2015	09/29/2017		5,417.	12,500.	-7,083.
CONDENSER, EVAPORATO	06/23/2015	06/30/2018		1,974.	6,580.	-4,606.
MID BACK CHAIR	02/25/2016	09/29/2017		1,260.	3,980.	-2,720.
MATTRESSES	06/29/2016	09/29/2017		2,083.	8,334.	-6,251.
MIDBACK CHAIRS	08/26/2016	09/29/2017		561.	2,590.	-2,029.
CARPET TILES	03/21/2016	09/29/2017		774.	2,579.	-1,805.
HINGES & DOOR HANDLE	03/31/2016	06/30/2018		534.	1,186.	-652.
HINGES & DOOR HANDLE	03/31/2016	06/30/2018		534.	1,186.	-652.
DOORS	03/31/2016	09/29/2017		618.	4,120.	-3,502.
WASHING MACHINE	11/30/2015	09/29/2017		1,089.	2,970.	-1,881.
CYLINDRICAL LOCKSET	09/30/2016	06/30/2018		1,203.	6,873.	-5,670.
CYLINDRICAL LOCKSET	09/30/2016	06/30/2018		1,105.	6,313.	-5,208.
CYLINDRICAL LOCKSET	09/30/2016	06/30/2018		1,105.	6,313.	-5,208.
THINKCENTRE M 910S	07/28/2017	09/29/2017		39.	708.	-669.
THINKCENTRE M 910S	07/28/2017	09/29/2017		39.	708.	-669.
GV-NVR LITE SYSTEM V	05/31/2017	09/29/2017		282.	4,228.	-3,946.
GV-FD5300 5MP 4.5-10	05/31/2017	09/29/2017		371.	5,568.	-5,197.
CARPETING	07/26/2017	06/30/2018		5,023.	27,399.	-22,376.
BEDROOM DESKS	03/31/2017	09/29/2017		425.	4,247.	-3,822.
ACCENT BEHAVIORAL HE	05/10/2017	09/29/2017		407.	6,100.	-5,693.
CARPETING	07/26/2017	06/30/2018		1,423.	7,759.	-6,336.
TABLE - 8 SEAT, ENGL	05/31/2017	09/29/2017		478.	7,172.	-6,694.
OAK PLYWOOD DESKS	08/28/2017	06/30/2018		253.	1,517.	-1,264.
ANTI-LIGATURE HINGES	03/31/2017	06/30/2018		353.	2,824.	-2,471.
CYLINDRICAL LOCKSET	04/25/2017	06/30/2018		1,915.	8,208.	-6,293.
MAHOGANY 5 SHELF BOO	08/17/2017	06/30/2018		48.	855.	-807.
BLACK VINYL GUEST CH	08/17/2017	06/30/2018		346.	2,075.	-1,729.
Totals						

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MID-BACK B&T ENDORSE	08/17/2017	06/30/2018		627.	3,759.	-3,132.
MAHOGANY DESK	08/17/2017	06/30/2018		110.	1,984.	-1,874.
BLACK 2 DRAWER LATER	08/17/2017	06/30/2018		70.	1,250.	-1,180.
BLACK 3 DRAWER LATER	08/17/2017	06/30/2018		24.	431.	-407.
BLACK CLOTH MID-BACK	08/17/2017	06/30/2018		154.	925.	-771.
CHAIRS AND PICNIC TA	05/31/2017	09/29/2017		69.	1,040.	-971.
2001 FORD 12 PASSENG	04/20/2001	10/19/2017		22,208.	22,608.	-400.
2002 FORD TAURUS S/W	06/30/2002	10/19/2017		17,595.	17,995.	-400.
2008 DODGE CARAVAN	02/29/2008	10/19/2017		18,801.	19,101.	-300.
2009 CHRYSLER T&C WH	02/25/2010	09/20/2017	200.	34,157.	34,657.	-300.
2004 PONTIAC WHEELCH	08/24/2010	10/19/2017		24,243.	24,643.	-400.
2008 FORD TAURUS X	07/29/2010	06/20/2018	200.	18,333.	18,633.	-100.
2010 DODGE GRAND CAR	03/30/2011	09/20/2017		19,338.	19,638.	-300.
2008 FORD ECONOLOINE	06/20/2011	12/29/2017	7,328.	15,108.	15,108.	7,328.
2010 DODGE CARAVAN	07/29/2010	02/28/2018	500.	20,650.	21,050.	100.
2013 DODGE GRAND CAR	03/22/2013	05/31/2018	1,000.	20,881.	20,881.	1,000.
2013 DODGE AVENGER	06/21/2013	06/20/2018	200.	17,163.	17,163.	200.
THINKPAD L 440	05/31/2015	10/19/2017		881.	1,094.	-213.
2011 DODGE GRAND CAR	10/14/2014	09/27/2017	6,934.	16,759.	17,238.	6,455.
2015 DODGE GRAND CAR	10/28/2015	09/30/2017	16,636.	10,074.	21,024.	5,686.
2012 FORD E-350 WHEE	07/19/2016	09/20/2017	200.	13,116.	33,728.	-20,412.
2014 DODGE AVENGER	08/23/2016	09/20/2017	200.	4,891.	13,545.	-8,454.
2003 FORD EXPLORER	02/14/2006	10/19/2017		12,612.	13,012.	-400.
2005 FORD 15 PASSENG	12/27/2006	09/20/2017	200.	18,839.	18,839.	200.
CALIFORNIA DEFERRED		09/30/2017	98,691.			98,691.
Totals						